



2024 BUSINESS PATRONAGE PROGRAM

Business Name _____

Contact Name _____

Address _____

City _____ State _____ ZIP _____

E-mail _____ Phone _____

The following are suggested giving levels, but your support in any amount is greatly appreciated. Check the column on the left to indicate your choice.

_____ **SEASON SPONSOR** \$1,500 +

- *Business name will appear in all programs.*
- *Full-page ad in all concert programs.*
- *Promotional table at each concert.*

_____ **PERFORMANCE SPONSOR** \$500 - \$1,499

- *Business name will appear in all programs.*
- *Half-page ad in all concert programs.*

_____ **PARTNER SPONSOR** \$100 - \$499

- *Business name will appear in all concert programs.*

My donation is enclosed in the following amount: \$ _____

May we publicly list your business as a supporter? _____ YES _____ NO

If yes, should we list it as it appears above? _____ YES _____ NO

Should we list the contact name above with the business name?

*(Example: Jane Smith, Village *Lawncare Services)* _____ YES _____ NO

Please make your check payable to “**Celebrate New Concord,**” and return it to Village Hall, P.O. Box 10, New Concord, Ohio 43762.

You may also donate by credit card at the Muskingum County Community Foundation Celebrate New Concord website with this QR code:



Contributions to Celebrate New Concord may be tax-deductible. Please consult your financial advisor.